

12. Whether you are physically challenged Yes/No

(If yes, please enclose a self-attested copy of the certificate in the prescribed format.)

13. Whether you are an ex-Serviceman Yes/No

(If yes, please enclose a self-attested copy of the relevant pages of the Discharge Book showing dates of joining and discharge from service.)

14. GROUNDS FOR CLAIMING AGE RELAXATION: _____

15. DETAILS OF EDUCATIONAL & TECHNICAL QLFNS.

(Please enclose self-attested copies of the Marks Sheets as well as certificates/degrees)

(a) Educational:

Exam Passed	Institution/ University	Subjects studied	Medium of Instruction	Duration of study	Year of passing	% of marks

(Candidates should clearly indicate the medium of instruction.)

(b) Professional/Technical

Exam Passed	Institution/ University	Subjects studied	Duration of study	Year of passing	% of marks	Division obtained

16. DETAILS OF EXPERIENCE

(a) GOVERNMENT SERVICE

Name of Govt. Orgn.	Post held	Pay Scale*	Duration of service (<i>Exact dates to be given</i>) (From - To)	Whether regular or not	Nature of duties performed

** Please indicate Grade Pay also, wherever applicable.*

(b) SERVICE IN OTHER ORGANISATIONS

(Please enclose self-attested copies of the certificates)

Name of Orgn.	Status of organisation [Government/PSU/Private, etc.]	Post held	Pay Scale*	Duration of service (From – To)	Whether regular or not	Nature of duties performed

** Please indicate Grade Pay also, wherever applicable.*

17. Please specify clearly whether the experience mentioned in column 16 above has been obtained from:

Sl. No.	Category	Tick (✓) in appropriate Column
1.	Offices under Central/State Government	
2.	Union/State Legislature Secretariats	
3.	Supreme Court/High Courts/Subordinate Courts	
4.	Central/State Public Sector Undertakings	
5.	Statutory Corporations of Centre/States	
6.	Commissions/Tribunals and other institutions established by law/notifications of the Union/State Governments	
7.	Private Organisations/Any other institution	

18. Do you possess the working knowledge of Hindi : Yes/No

English : Yes/No

19. Are you well-versed with the handling and operation of sanitary related mechanical aids. Yes/No

20. DECLARATION

(i) I declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled/terminated.

(ii) I have enclosed the typed Attendance Sheet duly completed and affixed self-attested recent passport size photograph thereon.

PLACE:

DATE:

(SIGNATURE OF CANDIDATE)

Note: Applications without self-attested copies of necessary certificates/documents as mentioned in column nos. 8, 11 (if applicable), 12 (if applicable), 13 (if applicable), 15 & 16 and also recent identical photographs affixed at the prescribed spaces in the application and attendance sheet will be summarily rejected.

In case of discrepancy in the information/particulars mentioned in the application and enclosed supporting certificates/documents, the application will be summarily rejected. The candidates shall also be required to show original documents/certificates at the time of Personal Interaction (if prescribed for a post) or before appointment after declaration of the final result. In case, there is any discrepancy in the photocopies submitted by a candidate and original thereof, her/his candidature shall be cancelled.

PARLIAMENT OF INDIA
(JOINT RECRUITMENT CELL)

ATTENDANCE SHEET

(To be filled in on a separate sheet by the candidate when submitting Application Form)

1. Advt. No. 5/2017

2. Name of the Post: (i) Housekeeper Grade-III _____
(ii) Farrash _____

(Please indicate your preference as First/Second as mentioned in the Application form.)

**Affix recent self-
attested passport
size Photograph**

Signature of Candidate

3. NAME *(In block letters)*: _____

4. CATEGORY _____

5. FATHER'S NAME *(In block letters)*: _____

6. MOTHER'S NAME *(In block letters)*: _____

7. ADDRESS FOR COMMUNICATION: _____

_____ PIN _____

(To be filled in by the candidate at the Examination Venue)

8.

Subject	Date of Exam.	Signature

9.

ROLL NO.	
-------------	--

(To be allotted by Joint Recruitment Cell)

Disability Certificate

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

RECENT PASSPORT SIZE
ATTESTED PHOTOGRAPH
(SHOWING FACE ONLY) OF
THE PERSON WITH
DISABILITY

Certificate No.**Date:**

This is to certify that I have carefully examined
Shri/Smt./Kum. _____ son/
wife/daughter of Shri _____
Date of Birth _____ Age _____ years,
(DD) (MM) (YY)
male/female _____
Registration No. _____ permanent resident of House
No. _____ Ward/Village/street _____ Post
Office _____ District _____ State _____,
whose photograph is affixed above, and am satisfied that he/she is a case of _____
disability. His/her extent of percentage physical impairment/disability has been evaluated as per
guidelines and is shown against the relevant disability in the table below :-

Sl. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	*		
3.	Blindness	Both Eyes		
4.	Hearing impairment	E		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.
3. Reassessment of disability is:
 - (i) not necessary,
or
 - (ii) is recommended/ after _____ years _____ months, and therefore this
certificate shall be valid till _____
(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs
* e.g. Single eye/both eyes
E e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority/issuing certificate

5. Sh./Smt./Kumari _____ meets the following physical requirements for discharge of his/her duties :-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting(on bench or chair). | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |
| (xii) C- can communicate | Yes/No |

(Please strike out which is not applicable)

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Counter signature and seal of the CMO/Medical Superintendent/ Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb
impression of the person
in whose favour disability
certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Roll No.

(To be filled in by JRC)

PARLIAMENT OF INDIA
(JOINT RECRUITMENT CELL)

**APPLICATION FOR ENGAGEMENT/HIRING OF 'LIBRARY PROFESSIONALS' ON
CONTRACT BASIS IN LOK SABHA SECRETARIAT**

(Reference : Advertisement No. 4/2017)

Affix recent
self-attested
passport size
photograph

signature of candidate

1. Name (In Capital Letters): _____ Mobile No. (s) _____
(As mentioned in the Matriculation Certificate)
2. Father's Name (in Capital Letters): _____
(As mentioned in the Matriculation Certificate of the candidate)
3. Mother's Name (in Capital Letters): _____
(As mentioned in the Matriculation Certificate of the candidate)
4. Nationality : _____
5. (i) Educational qualifications:
(Please enclose self-attested copies of marks sheets and also Certificates/Degrees)

Exam passed	Institution/ University	Subjects studied*	Duration of study	Year of passing	Percentage of marks

*please clearly mention in case Hindi and English were subjects.

(ii) Professional/Technical Qualification, if any

Exam passed	Institution/ University	Subjects studied	Duration of study	Year of passing	Percentage of marks

6. Typing Speed : _____ w.p.m. (English)

7. Date of Birth: _____
(As mentioned in the Matriculation Certificate) (Please enclose a self-attested copy of Matriculation Certificate)

8. Age as on 27.03.2017: _____ years _____ Months _____ days

9. Grounds for claiming age relaxation: _____

10. Place of Birth: _____

11. Please state the category (Gen, SC, ST or OBC) you belong to: _____
(SC/ST/OBC candidates must enclose self-attested copy of caste/category certificate)

12. Whether you are a physically handicapped person : _____ Yes/No
(If yes, please mention the nature of disability) _____
(Please enclose a self-attested copy of the disability certificate)

13. Address for communication : _____

14. Details of residence during last 5 years where the applicant has resided for more than one year

Address	Period of stay

15. Permanent Address : _____

16. Experience, if any _____

17. Do you possess the essential qualifications as required : _____ Yes/No

18. **DECLARATION**

- (i) I hereby declare that I fulfill the eligibility conditions as per the advertisement and that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled/terminated.
- (ii) I have enclosed the typed Attendance Sheet duly completed and affixed self-attested recent passport size photograph thereon.

New Delhi :

Dated : _____

Signature of the candidate _____

Note : Applications without self-attested copies of necessary marks sheets and certificates mentioned in Column nos. 5, 7, 11 (wherever applicable) and 12 (wherever applicable) and also recent identical photographs affixed at the prescribed spaces in the application and attendance sheet will be summarily rejected.

PARLIAMENT OF INDIA
(JOINT RECRUITMENT CELL)

ATTENDANCE SHEET

(To be filled in on a separate sheet by the candidate when submitting Application Form)

1. **Advt. No. 4/2017** : [Engagement/Hiring of 'Library Professionals'
in Lok Sabha Secretariat on contract basis]

Affix recent self-
attested passport
size photograph

Signature of Candidate

2. NAME (In block letters) : _____
3. CATEGORY : _____
4. FATHER'S NAME (In block letters) : _____
5. MOTHER'S NAME (in block letters) : _____
6. ADDRESS FOR COMMUNICATION : _____
- _____ PIN _____

(TO BE FILLED IN BY THE CANDIDATE AT THE EXAMINATION VENUE)

7.

Subject	Date of Examination	Signature

8.

Roll No.

(To be allotted by Joint Recruitment Cell)

**PARLIAMENT OF INDIA
(JOINT RECRUITMENT CELL)**

APPLICATION FORMAT

Roll No.

(To be filled in by JRC)

**Affix recent
self-attested
passport size
Photograph**

Signature of
candidate

Advt. No. 3 /2017

Post No. applied for: _____

Name of the Post applied for: _____

1. FULL NAME (In Capital Letters):

--	--	--

First Name

Middle Name

Surname

(Exactly as mentioned in the Matriculation certificate. Please leave one box blank between each part of name.)

2. FATHER'S NAME (In Capital Letters): _____

(Exactly as mentioned in the Matriculation certificate of the applicant.)

3. MOTHER'S NAME (In Capital Letters): _____

(Exactly as mentioned in the Matriculation certificate of the applicant.)

4. NATIONALITY: _____

5. Preferred city for taking preliminary examination (for post nos. 1 and 2 only)

(i) DELHI ☐ ; (ii) KOLKATA ☐ ; (iii) MUMBAI ☐ ; (iv) CHENNAI ☐

(Please ✓ mark in the appropriate box.)

6. ADDRESS FOR COMMUNICATION: _____

PIN _____

7. DETAILS OF RESIDENCE DURING LAST 5 YEARS WHERE THE APPLICANT HAS
RESIDED FOR MORE THAN ONE YEAR:

ADDRESS	PERIOD OF STAY

8. PERMANENT ADDRESS: _____

PIN _____

9. DATE OF BIRTH:

(As mentioned in the Matriculation certificate. Please
enclose self-attested copy of the certificate)

D D M M Y E A R

--	--	--	--	--	--	--	--	--	--

10. PLACE OF BIRTH (Village/Town/City/District/State): _____

11. AGE AS ON 27.03.2017: Years _____ Months _____ Days _____

12. CATEGORY (Gen/SC/ST/OBC): _____

(The candidates belonging to SC/ ST/OBC category must enclose self-attested copy of the certificate as proof)

13. Whether you are physically handicapped Yes/No

(If yes, please attach self-attested copy of the certificate in the prescribed format)

14. GROUNDS FOR CLAIMING AGE RELAXATION: _____

15. DETAILS OF EDUCATIONAL, PROFESSIONAL & TECHNICAL QLFNS.

(Please enclose self-attested copies of the certificates)

(a) Educational:

Exam Passed	Institution/ University	Subjects studied	Duration of study	Year of passing	% of marks	Division obtained

(b) Professional/Technical *(Candidates are advised to fill-up this column carefully and in terms of conditions stipulated in the Advertisement to avoid rejection)*

Exam Passed	Institution/ University	Subjects studied	Duration of study	Year of passing	% of marks	Division obtained

16. DETAILS OF EXPERIENCE *(Candidates are advised to fill-up this column carefully and in terms of conditions stipulated in the Advertisement to avoid rejection)*

(a) GOVERNMENT SERVICE

Name of Govt. Orgn.	Post held	Pay Scale*	Duration of service (Exact dates to be given) (From - To)	Whether regular or not	Nature of duties performed

** Please indicate Grade Pay also, wherever applicable.*

(b) SERVICE IN OTHER ORGANISATIONS

Name of Orgn.	Status of organisation [Government/PSU/Private, etc.]	Post held	Pay Scale*	Duration of service (From – To)	Whether regular or not	Nature of duties performed

** Please indicate Grade Pay also, wherever applicable.*

17. Please specify clearly whether the experience mentioned in column 16 above has been obtained from:

Sl. No.	Category	Tick (✓) in appropriate Column
1.	Offices under Central/State Government	
2.	Union/State Legislature Secretariats	
3.	Supreme Court/High Courts/Subordinate Courts	
4.	Central/State Public Sector Undertakings	
5.	Statutory Corporations of Centre/States	
6.	Commissions/Tribunals and other institutions established by law/notifications of the Union/State Governments	
7.	Private Organisations/Any other institution	
8.	Printing Press/Establishment coming under the purview of Factories Act, 1948, as amended or Employees Provident Fund and Miscellaneous Provisions Act, 1952, as amended.	

18. (a) Are you eligible and have you applied for any other post(s) in response to this advertisement ? Yes / No
 (b) If yes, please indicate the Post No(s). _____ and name(s) of the post(s) _____

19. Do you possess the essential educational qualifications as required for the post applied for? Yes/No

20. Do you possess relevant experience if prescribed for the post applied for? Yes/No/N.A.

21. Do you possess any of the desirable qualifications? Yes/No

22. **DECLARATION**

(i) I declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled/terminated.

(ii) I have enclosed the typed Attendance Sheet duly completed and affixed self-attested recent passport size photograph thereon.

PLACE:

DATE:

(SIGNATURE OF CANDIDATE)

Note: Applications without self-attested copies of necessary certificates as mentioned in column nos. 9, 12 (wherever applicable), 13 (wherever applicable) & 15 and **experience certificate (in case of Printing Press/Establishment coming under the purview of Factories Act, 1948, as amended or Employees Provident Fund and Miscellaneous Provisions Act, 1952, as amended, containing the required declaration by the employer and also recent identical photographs will be summarily rejected.**

In case of discrepancy in the information/particulars mentioned in the application and enclosed supporting certificate, the application will be summarily rejected. The candidates shall also be required to show original documents/certificates at the time of Personal Interaction (if prescribed for a post) or before appointment after declaration of final result. In case, there is any discrepancy in the photocopies submitted by a candidate and original thereof, her/his candidature shall be cancelled.

PARLIAMENT OF INDIA
(JOINT RECRUITMENT CELL)
ATTENDANCE SHEET

(To be filled in on a separate sheet by the candidate when submitting Application Form)

1. Advt. No.3 /2017

2. Post No. _____

3. Name of the Post: _____

4. NAME *(In block letters)*: _____

5. CATEGORY _____

6. FATHER'S NAME *(In block letters)*: _____

7. MOTHER'S NAME *(In block letters)*: _____

8. ADDRESS FOR COMMUNICATION: _____

_____ PIN _____

(To be filled in by the candidate at the Examination Venue)

9.

Subject	Date of Exam.	Signature

10.

ROLL NO.	
----------	--

(To be allotted by Joint Recruitment Cell)

**Affix recent
self-attested
passport size
Photograph**

Signature of candidate

Disability Certificate

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

RECENT PASS PORT SIZE
ATTESTED PHOTOGRAPH
(SHOWING FACE ONLY)
OF THE PERSON WITH
DISABILITY

Certificate No.

Date:

This is to certify that I have carefully examined
Shri/Smt./Kum. _____ son/
wife/daughter of Shri _____
Date of Birth _____ Age _____ years,
(DD) (MM) (YY)
male/female _____
Registration No. _____ permanent resident of House
No. _____ Ward/Village/street _____ Post
Office _____ district _____ State _____,
whose photograph is affixed above, and am satisfied that he/she is a case of _____
disability. His/her extent of percentage physical impairment/disability has been evaluated as per
guidelines(specified) and is shown against the relevant disability in the table below :-

Sl. No.	Disability	Affected part of Body	diagnosis	Permanent physical impairment/mental disability(in %)
1.	Locomotor disability	@		
2.	Low vision	*		
3.	Blindness	Both Eyes		
4.	Hearing impairment	E		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.
3. Reassessment of disability is:
- (i) not necessary,
or
- (ii) is recommended/ after _____ years _____ months, and therefore this
certificate shall be valid till _____
(DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs
* e.g. Single eye/both eyes
E e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority/issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature and seal of the
CMO/Medical Superintendent/Head of
Government Hospital, in case the certificate is
issued by a medical authority who is
not a government servant (with seal)}

Signature/Thumb
impression of the person
in whose favour disability
certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.